



**CITY OF CHICAGO DEPARTMENT OF FINANCE  
TAX UNIT  
DEPAUL CENTER, SUITE 300  
333 SOUTH STATE STREET  
CHICAGO, ILLINOIS 60604-3977**

**TAXPAYER INFORMATION FORM**

**[A] GENERAL INFORMATION**

1. Legal Name(s) \_\_\_\_\_
2. Legal Entity Type (corporation, partnership, sole proprietorship, LP, LLC, non-for profit corporation, individual, trust) \_\_\_\_\_
3. Business Name(s) or Doing Business As (DBA) \_\_\_\_\_
4. Business Address(es) \_\_\_\_\_  
Street Address City, State, & Zip Code
5. Number of Years At the Above Address \_\_\_\_\_
6. Primary Contact Person \_\_\_\_\_
7. Business Phone(s) \_\_\_\_\_
8. Email Address \_\_\_\_\_
9. Number of Business Sites in Illinois \_\_\_\_\_
10. List All Business Sites in Chicago (use additional pages if necessary)

Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site

11. Federal Employer Identification Number (F.E.I.N.)\_\_\_\_\_

12. IBT Number\_\_\_\_\_

13. If Corporation or LLC, incorporated in the State of\_\_\_\_\_on  
\_\_\_\_\_

12a. Names of Officer(s), Director(s), and Registered Agent

**NAME/TITLE**

**HOME ADDRESS**

**PHONE #**


14. State of Illinois Exemption Number, if applicable \_\_\_\_\_

13a. Expiration Date for your State of Illinois Exemption Number, if applicable\_\_\_\_\_

15. Business Start Date\_\_\_\_\_

16. Describe IN DETAIL the nature of your business. Please mention all product or service lines  
offered by your business\_\_\_\_\_


**[B] OWNERSHIP INFORMATION**

**(1) FOR PERSONS NOT LEGAL ENTITIES**(attach additional pages if necessary)

Name \_\_\_\_\_  
First Middle Last Suffix

Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Residential Address \_\_\_\_\_  
Street Address City, State & Zip Code

---

Name \_\_\_\_\_  
First Middle Last Suffix

Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Residential Address \_\_\_\_\_  
Street Address City, State & Zip Code

---

Name \_\_\_\_\_  
First Middle Last Suffix

Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Residential Address \_\_\_\_\_  
Street Address City, State & Zip Code

---

Name \_\_\_\_\_  
First Middle Last Suffix

Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Date of Birth \_\_\_\_\_

Residential Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Residential Address \_\_\_\_\_  
Street Address City, State & Zip Code

**(2) FOR LEGAL ENTITIES** (attach additional pages if necessary)

Legal Entity Type \_\_\_\_\_  
(Corporation, Non-for Profit Club, Partnership, LP, or LLC)

Legal Name \_\_\_\_\_

FEIN \_\_\_\_\_ IBT \_\_\_\_\_

Incorporated State \_\_\_\_\_ Incorporated Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Ownership % \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City, State & Zip Code

---

Legal Entity Type \_\_\_\_\_  
(Corporation, Non-for Profit Club, Partnership, LP, or LLC)

Legal Name \_\_\_\_\_

FEIN \_\_\_\_\_ IBT \_\_\_\_\_

Incorporated State \_\_\_\_\_ Incorporated Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Ownership % \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City, State & Zip Code

---

Legal Entity Type \_\_\_\_\_  
(Corporation, Non-for Profit Club, Partnership, LP, or LLC)

Legal Name \_\_\_\_\_

FEIN \_\_\_\_\_ IBT \_\_\_\_\_

Incorporated State \_\_\_\_\_ Incorporated Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Ownership % \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City, State & Zip Code

---

[C] **TYPE OF BUSINESS**

1. Is this business currently registered with the City of Chicago Department of Finance to pay **ANY** City taxes? ☐ Yes ☐ No  
If Yes, for what City taxes are you registered? \_\_\_\_\_

2. Name(s) of person(s) responsible for the preparation, review and attestation of information contained on your City Tax returns.

**NAME**

**TITLE**

**HOME ADDRESS**

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List all banks to which you deposit business receipts. Use additional pages if necessary

**INSTITUTION**

**ACCOUNT TYPE**

**DATE OPENED**

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are there any judgements of record against the business, the corporate officers, general partners or the sole proprietor? ☐ Yes ☐ No If yes, give amounts, courts where judgements were rendered and the name(s) of the judgement creditors(s):

**DATE**

**AMOUNT**

**COURT**

**CREDITOR**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Is merchandise rented or leased as a lessee ☐ Yes ☐ No  
as a lessor ☐ Yes ☐ No

5a. List examples of items \_\_\_\_\_

5b. List Lessors \_\_\_\_\_

5c. Do your lessors collect Chicago Transaction Tax from you? ☐ Yes ☐ No

6. Total current number of employees whether compensated or not \_\_\_\_\_

7. Annual purchases of nontitled personal property for use in Chicago from vendors located outside the City? \$ \_\_\_\_\_

8. If the business premises is rented, answer 8a. If the business premises is owned, go to 8b.

8a. \_\_\_\_\_  
Landlord's Name Street Address City, State & Zip Code

\_\_\_\_\_  
Landlord's Name Street Address City, State & Zip Code

8b. \_\_\_\_\_  
Title Holder of Record Mortgage Holder Monthly Mortgage Payment

9. Does the business hold any licenses granted by the City, County, State or Federal Government? ☐ Yes ☐ No If yes, list the following:

**TYPE**

**LICENSOR**

**DATE ISSUED**

**RENEWAL DATE**

**LICENSE#**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 10a. Does this business own, partially or completely, one or more other businesses? ☐ Yes ☐ No
- 10b. Is this business owned, partially or completely, by one or more other businesses? ☐ Yes ☐ No
- 10c. If you answered yes to 10a, 10b, or both, complete part [A] of this form for each business.**

11. Has this business been a party to a merger, acquisition or bulk sale in the last six years?  
☐ Yes ☐ No

**If yes, please describe the transaction, identify all parties, and list each party's F.E.I.N.**

---

---

---

---

---

---

---

---

I, the authorized representative of this taxpayer, do hereby attest that the foregoing information is true and correct, and that anytime when there is a change in this factual information, in whole or in part, I will report it to the City of Chicago Department of Finance so that information within this document will remain current.

Authorized Representative	Title	Date
Print Name	Print Title	

**Completed form should be mailed to:**

**CHICAGO DEPARTMENT OF FINANCE  
TAX UNIT  
DEPAUL CENTER, SUITE 300  
333 S. STATE STREET  
CHICAGO, ILLINOIS 60604-3977**